



SERIOUS INJURY

State of Connecticut

Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

State Police Troop: ACase Number: DPS- 05-011112

Notations:

Traffic: _____

Weather: _____

Lane _____ of _____

Direction of Travel: _____

N S E W

Investigating Trooper: Saraceno # 1265 Date: 03/02/05 Time: 0913 hrsNo. & Type of Veh's Involved: 1 car 1 Truck
(Passenger Car, Truck, Bus, Etc.)Related Information: N/A
(Pedestrian, Pole, Bridge Abutment, Etc.)Town / City: DanburyLocation of Accident: I-84 westbound Exit 2 off ramp

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: Tirrell, Seth, POper #2: Nallapati, VenkateshDOB: 10/22/70 Gender: ☒ M ☐ FDOB: 04/19/81 Gender: ☒ M ☐ FAddress: 514 Peter RdAddress: 40B Fordyce RdTown: Southbury State: CT Zip: 06488Town: New Milford State: CT Zip: 06776Oper. Lic. # 226040139 Type: B State: CTOper. Lic. # None Type: _____ State: _____Owner #1: State Of CT, Dept of DOTOwner #2: SAMEAddress: 2800 Berlin Trnpke NewingtonAddress: SAMERegistration Plate: 21687 State: CTRegistration Plate: 725-TEF State: CTMake: Inter Model: Dump Year: 1996Make: Honda Model: Civic Year: 1999VIN: SDAAR5TH300528VIN: 2HGEJ6449XH106540Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: Lexington Ins.Insurance Company: Progressive NorthernInsurance Policy #: 8851101Insurance Policy #: 52481557-0Injuries: NoneInjuries: Head TraumaVehicle Damage: Rear endVehicle Damage: Right sideVehicle Towed: ☒ No ☐ Yes,Vehicle Towed: ☐ No ☒ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

NoneNone

Oper #3: _____

Oper #4: _____

DOB: _____ Gender: ☐ M ☐ FDOB: _____ Gender: ☐ M ☐ F

Address: _____

Address: _____

Town: _____ State: _____ Zip: _____

Town: _____ State: _____ Zip: _____

Oper. Lic. # _____ Type: _____ State: _____

Oper. Lic. # _____ Type: _____ State: _____

Owner #3: _____

Owner #4: _____

Address: _____

Address: _____

Registration Plate: _____ State: _____

Registration Plate: _____ State: _____

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

VIN: _____

VIN: _____

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: _____

Insurance Company: _____

Insurance Policy #: _____

Insurance Policy #: _____

Injuries: _____

Injuries: _____

Vehicle Damage: _____

Vehicle Damage: _____

Vehicle Towed: ☐ No ☐ Yes,Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

